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EXAMINER
PORTER, RACHEL L

ART UNIT	PAPER NUMBER
3626	

DATE MAILED: 09/30/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	09/617,476	SWEETSER, CHRISTINE B.	
	Examiner	Art Unit	
	Rachel L. Porter	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *24 June 2003* .

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1 and 4-31* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1 and 4-31* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

11)☐ The proposed drawing correction filed on _____ is: a)☐ approved b)☐ disapproved by the Examiner.

If approved, corrected drawings are required in reply to this Office action.

12)☐ The oath or declaration is objected to by the Examiner.

Priority under 35 U.S.C. §§ 119 and 120

13)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____ .

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

14)☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. § 119(e) (to a provisional application).

a) ☐ The translation of the foreign language provisional application has been received.

15)☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. §§ 120 and/or 121.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO-1449) Paper No(s) _____ .
4) ☐ Interview Summary (PTO-413) Paper No(s). _____ .
5) ☐ Notice of Informal Patent Application (PTO-152)
6) ☐ Other: .

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment filed 6/24/03. Claims 1 and 4-31 are pending. Clams 2-3 have been cancelled. Claims 1 and 4-31 have been amended.

Claim Objections

2. The objections to claims are hereby withdrawn due to the amendment filed 6/24/03.

Specification

3. The objection to the abstract of the disclosure is withdrawn due to the amendment filed 6/24/03.

Claim Rejections - 35 USC § 112

4. The rejection of claim 28 under 35 U.S.C. 112, second paragraph, as being indefinite, is hereby withdrawn due to the amendment filed 6/24/03.

5. The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

6. Claims 1 and 4-24 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

As per claim 1, the function(s) performed by the recited "identification input device" are unclear. In particular, it is unclear to the Examiner whether the recited device merely accepts identification information from a user (e.g. password, fingerprints, account number), as the name suggests, or whether the device is used to generate a code for the client to use as a form of identification for himself/herself and the patient record, as is currently recited in lines 19-24 the claim. For the purpose of applying art, the Examiner will interpret this claim to mean that the "input identification device" is any input device that accepts identification information.

A similar analysis may be applied to the language of claim 18.

Also, claim 1 recites the limitation "one of said...alternative therapy stations" in line 1 of page 4. There is insufficient antecedent basis for this limitation in the claim since the claim does not previously recite "alternative therapy stations"

Moreover, claim 1 is vague and indefinite because it recites that the health facility includes certain stations "located in close proximity inside [the] healthcare facility." The term "located in close proximity" in claim 1 is a relative term, which renders the claim indefinite. The term "located in close proximity" is not defined by the claim, the specification does not provide a standard for ascertaining the requisite degree, and one of ordinary skill in the art would not be reasonably apprised of the scope of the invention. While the claim also indicates that this close proximity allows "clients to walk to each of the stations," it is respectfully submitted that this claim language is also subjective and vague. In the absence of support or objective guidelines to further define or clarify "close proximity" or walking distance, the scope of the claim cannot be

ascertained. For purposes of applying art, the Examiner will interpret this limitation to mean the participants are associated with a healthcare facility (i.e. within a healthcare network.) (See Joao: col. 15, lines 6-53)

A similar analysis may be applied to claim 16 with the use of the phrase "located within easy walking distance."

Claims 4-15 and 17-24 inherit the deficiencies of their respective dependent claims through dependency, and are also rejected.

Claim Rejections - 35 USC § 103

7. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

8. Claims 1,5-7,14,15,18, and 20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao (US Patent No. 6,283,761) and Gombrich et al (USPN 4,857716—referred to hereinafter as Gombrich).

As per claim 1, Joao teaches an advanced healthcare system for processing a number of clients in a client-driven and timely manner comprising:

- a healthcare facility including at least a client station, a business station, a nurse station, and a practitioner station associated with said healthcare facility (Joao: col. 2,line 63-col. 3, line 6; col. 15, lines 6-53)

- a computer network having at least one central system computer with a computer readable medium; (Joao: col. 14, line 59-col. 15, lines 6-53; col. 15, line 59-col. 16, line 18)
- a system computer program residing in said computer readable medium including instructions embodied in computer readable code for soliciting client information from a client at said client station regarding the client's health complaints and symptoms through a series of medical queries; (Joao: col. 19, lines 54-54; col.19, line 67-col. 20, line 7; col. 29, lines 28-34; see also Joao: col. 12, lines 44-50 incorporates Joao 5,961,332 by reference: col. 57-82 discloses the use of yes/no questions to determine a patient's health complaint and reasons for seeking medical treatment)
- a real-time client record residing in said computer readable medium containing the client information in computer readable code;(Joao: col. 19, lines 32-40, line 65-col. 20, line 8)
- a plurality of said client stations for receiving clients entering the facility having computer terminals connected in said computer network, an input device located at said client station connected to said computer terminal for inputting the client information to originate said client record and an identification input device at said client station for generating a computer readable ID code input into said client record identifying the client and operatively associating the client with the respective client record, (Figure 5; col. 16, lines 42-46; col. 22, lines 11-63; col. 29, lines 16-55) The client-server system includes a plurality of input

"client stations" with a plurality of devices to allow the client (e.g. patient) to input identification information (e.g. social security number, account number) to access/create the patient record.(i.e. operatively associating record and ID) and a client station display monitor at said client station for displaying said medical queries whereupon client responses to said queries are input into said client (e.g. patient) record; (Joao: Figure 5; col. 14, lines 13-32, lines 49-58, col. 22, lines 11-63; col. 29, lines 29-55)

- said computer program directing the client to said business station in said facility network after responding to said medical queries (col. 31, lines 11-25: depending on what services are required as determined by the patient Q &A, the patient accesses the payer/business station)
- said business station having an identification input device for accessing the client record by the client, and a terminal for generating client insurance and business information for input into said client record in the from of computer readable business data and, establishing a level of service to be provided to the client while at said healthcare facility; (Joao: col. 13, line 66-col. 14, line 12; col. 21, line 25-col. 22, line 10; col. 24, lines 33-43)
- said computer program directing the client to an appropriate station depending on the responses to said medical queries and the level of service established after responding to said medical queries and providing said insurance and business information; (col. 29,lines 40-col. 31, line 60)

- said nurse station receiving the client after visiting said client and business stations; said nurse station having a computer terminal connected in said computer network with an identification input device for accessing said client record at the nurse station and collecting vital signs and other laboratory information from the client, and a nurse station input for inputting said information into said client record in the form of lab data; and (Joao: col. 12, lines 22-42; col. 13, lines 1-5; col. 16, lines 7-65; col. 19, lines 32-40; col. 23, lines 48-60; col. 25, lines 25-39—Joao teaches provider stations for collecting client data, vital signs and lab data/blood work and inputting this data into the patient record. The healthcare providers who use the system include nurses, as well as physicians, therapists, and other medical specialists.)
- said practitioner station at which a number of medical practitioners may be stationed for receiving the clients after visiting one of said business, nurse, and alternative therapy stations, said practitioner station having a computer terminal with an identification input device connected in said computer network for accessing said client record and a display monitor for displaying said client record to one of the practitioners and the client during examination, and a practitioner station input for inputting exam data originating at said practitioner station for being input into said client record, from said practitioner station;(Joao: Figure 4; col. 13, line 52-65; col. 20, lines 40-67; col. 21, lines 1-25; col. 23, lines 48-60; col. 24, lines 12-20; col. 25, lines 25-39, line 63-col. 26, line 6)

- whereby an integrated healthcare system is provided for processing a number of clients with increased client participation and education facilitating controlled cost and quality healthcare. (Joao: col. 18, line 50-65; col. 19, line 4-7)

Joao teaches the system of claim 1 explained above but does not specifically disclose that the client/patient accesses his/her patient record by using his/her ID code while at the nurse station and/or practitioner stations. However, Joao does disclose a system wherein users stations include identification input device for inputting a computer readable ID code identifying the client and a respective client record. (Joao: Figure 5; col. 16, lines 42-46; col. 22, lines 11-63; col. 29, lines 16-55) Gombrich teaches a system wherein the client/patient must grant user access to his/her medical records using his/her ID code (while he/she is present). (Gombrich: col. 5, lines 38-47; col. 8, lines 39-55; col. 12, line 64-col. 14, line 39) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify system of Joao with the teaching of Gombrich to allow patients to control access to his/her medical records by requiring the patient's presence when his/her ID code is entered. As suggested by Gombrich, one would have been motivated to include this feature to provide additional verification that the correct patient record is retrieved and to provide additional security by further limiting system access to authorized users. (Gombrich: col. 2, lines 43-56)

As per claim 5, Joao and Gombrich teach the system of claim 1 wherein the practitioner station includes a computer terminal, display, monitor, an input device for inputting said exam data, and an identification device for identifying the client to

access said client record. (col. 13,lines 52-65—one or more healthcare providers; col. 15, lines 54-58—security; col. 16, lines 42-46—patient record with identification information/social security; col. 20, line 40-col. 21, line 24—provider stations; col. 23, lines 48-60; col. 25, lines 25-39; col. 40, lines 3-12—ID cards). Joao does not expressly disclose that the practitioner stations are located in a plurality of examination rooms, but does disclose that the providers/practitioners use their stations to record examination findings. (col. 25, lines 25-39) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to have provider stations stored in examination rooms. One would have been motivated to do this to facilitate the entry of comprehensive, accurate, and up-to-date patient information for access by other healthcare providers, payers, and other authorized parties. (Joao: col. 41, lines 41-55)

As per claim 6, Joao teaches that the providers included among the networked users/clients of the disclosed system include various therapists, (col. 12, lines 22-42; col. 13, lines 1-7, lines 52-65) The Joao system also provides users with access to information on experimental treatments and alternative therapies. (col. 20, lines 9-19) (i.e. an alternative therapy station where the client may review alternative therapy options). Joao further discloses a computer terminal connected to the system computer for generating options data representing recommended alternative therapies including naturopathy, dietetic remedies, and other alternative therapies for input into the client record. (Joao: Figure 1;col. 17, lines 25-61; col. 20, lines 9-19; col. 26, lines 7-col. 27, line 8)

As per claim 7, Joao teaches a system including a printed, take-home report based on said client record generated by said system computer upon termination of the client process in the facility for the client to take home. (Joao: col. 20, lines 20-33)

As per claims 14, Joao teaches a system wherein the system computer program includes a series of questions that prompt a response from the client regarding the reasons for the client's visit and health complaints. (Joao: col. 19, lines 59-64)

As per claim 15, Joao teaches a system wherein computer program instructions prompt a "yes" or "no" response from the client in regard to the questions regarding the reasons for the client's visit and health complaints. (Joao: col. 12, lines 44-50 incorporates Joao 5,961,332 by reference: col. 57-82 discloses the use of yes/no questions to determine a patient's health complaint and reasons for seeking medical treatment)

As per claim 18 Joao teaches a system including an ID input device for generating in a computer readable form said ID code; said ID code being input into said client record identifying the client and operatively associating the client with the respective client record. (Joao: Figure 5; col. 16, lines 42-46; col. 22, lines 11-63; col. 29, lines 16-55; see 112, 2nd rejection of claim 18) The client system includes a plurality of input devices to allow the client/patient to input identification information (e.g. social security number, account number) to access/create the patient record (i.e. operatively associating record and ID).

As per claim 20, Joao teaches the system of claim 18 including an ID input device for inputting said ID code from each of a client station, nurse station, and practitioner station for accessing said client record at each said station to input said client data, lab data, and exam data, respectively. (Joao: col. 12, line 58-col. 13, lines 7; col. 16, lines 4-18, lines 38-65; col. 19, lines 32-40; col. 23, lines 48-60 Joao teaches provider stations for inputting client data, vital signs and lab data/blood work into the patient record; col. 24, line 12-20; col. 25, lines 10-62; col. 26, line 9-col. 27, line 7) It is respectfully submitted that the ability of the providers (e.g. nurses, physicians) to retrieve and/or update the patient's medical records necessitates the entry of client identification information.

9. Claims 4,11, and 19 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao and Gombrich, as applied to claims 1 and 18, in view of Mayaud (US Patent No. 5,845,255).

As per claim 4, Joao teaches a system including identification input devices, but Joao and Gombrich in combination do not specifically teach that the identification device comprises a fingerprint sensor for sensing the fingerprint of the client as said ID code. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and access rights to patient data. (Mayaud: col. 17, line 22-col. 18, line 23) It is respectfully submitted that the system's fingerprint recognition feature obviates the presence of a fingerprint sensor to recognize the fingerprint of the user. At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao and Gombrich in combination with the teaching of Mayaud

to include fingerprint recognition sensors among the types of input identification devices used to authenticate a user's identity. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

As per claim 11, Joao teaches a system including identification input devices, but Joao and Gombrich in combination do not specifically teach that each of said client station, nurse station, and practitioner station comprises a finger insert sensor for reading the fingerprint of the client for generating an ID code for accessing the client record at each said station. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and a determining healthcare provider or client rights to access patient data. (Mayaud: col. 17, line 22-col. 18, line 23) It is respectfully submitted that the system's fingerprint recognition feature obviates the presence of a fingerprint sensor to recognize the fingerprint of the user. At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Joao and Gombrich in combination with the teaching of Mayaud to include fingerprint recognition sensors among the types of input identification devices used to authenticate a user's identity at the provider and/or client stations. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

As per claim 19, Joao and Gombrich in combination teach the system of claim18 as explained in the rejection of claim 18, but do not specifically teach that the ID code

comprises finger print data identifying the client. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and determining healthcare provider or client rights to access patient data. (Mayaud: col. 17, line 22-col. 18, line 23). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao and Gombrich in combination with the teaching of Mayaud to include fingerprint recognition sensors among the types of input identification devices used to authenticate a user's identity at the provider and/or client stations. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

10. Claims 8-10 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao and Gombrich in further view of Yokota et al (US Patent No. 5,713,350—referred to hereinafter as Yokota).

As per claims 8 and 9, Joao teaches a system wherein said nurse station (i.e. provider station) comprises a plurality of devices for allowing the healthcare provider to input blood results and vital sign information (Joao: col. 19, lines 32-40; col. 23, lines 48-60), but Joao and Gombrich in combination do not specifically teach which collection and input devices are included. Yokota teaches an integrated healthcare system that includes a plurality of blood sampling and computerized blood analysis machines connected to a network to collect blood results on a patient (Yokota: Figure 3 and 7; col . 6, lines 1-30; col. 9, lines 35-66) . At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Joao

and Gombrich in combination with the teaching of Yokota to include blood sampling and blood analysis machines at the provider/nurses stations. One would have been motivated to do this to facilitate the entry of comprehensive and accurate patient information to other healthcare providers, payers, and other authorized parties and to provide an improved healthcare system that can provide up-to-date patient data to interested parties. (Joao: col. 41, lines 41-55)

As per claim 10, Joao teaches a system that includes computerized machines for inputting patient vital sign data, Joao and Gombrich in combination but do not expressly disclose the types of machines included. (Joao: col. 19, lines 32-40; col. 23, lines 48-60) Yokota teaches a system that includes a hematology machine, blood pressure, pulse and temperature machine, and blood chemistry analyses machine connected directly to said system computer for direct input of said lab data. (Yokota: col.5, lines 6-25; col. 6, lines 1-30) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Joao and Gombrich in combination with the teaching of Yokota to include a plurality of patient monitoring and analytical devices connected to the network. One would have been motivated to do this to facilitate the entry of comprehensive and accurate patient information for access by other healthcare providers, payers, and other authorized parties and to provide an improved healthcare system that can provide up-to-date patient data to interested parties. (Joao: col. 41, lines 41-55)

11. Claims 12,13,16,17 and 21-24 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao and Gombrich, in further view of Campbell et al (US Patent No. 6,208,974—referred to hereinafter as Campbell)

As per claim 12, Joao and Gombrich teach the system of claim 1 as explained in the rejection of claim 1. Joao and Gombrich in combination do not expressly teach an emporium station, but Joao does disclose that the invention is to be used as a clearinghouse for the offering, selling, buying, and/or trading of healthcare products. (col. 24, lines 44-48) Furthermore, the system includes "supplying parties" that provide products required and/or recommended for care (i.e. having a store section for the purchase of health supplements, col. 31, lines 10-45; col. 32, lines 11-46). The supplying parties are connected to the computer network allow users to request data on the availability of recommended/required products. Campbell teaches a system that includes an "emporium station" having a computer terminal connected in the network for accessing said client record (col. 21, line 30-col. 22, line 67, Figure 15 and 17) so that collaborative purchase decisions may be made while reviewing the client record, (Figure 15 and 17, col. 23, lines 43- col. 25, lines 60; col. 31, lines 16-3) and the emporium station including an emporium station input for inputting purchase data into said client record. (col. 24, lines 24-45) In the Campbell system, practice employees contact clients to help establish wellness plans (i.e. collaborative purchase decisions). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao and Gombrich in combination with the teaching of Campbell to include a system component/station to allow the user

to review healthcare services/products and to input purchase decisions regarding selected healthcare services products. One would have been motivated to do this to provide additional valuable services to the various parties who seek healthcare-related products, goods, and/or services. (Joao: col. 41, lines 34-40)

As per claim 13, Joao further discloses that the system includes educational videos to be viewed by clients and/or healthcare providers (i.e. viewing educational classes) (col. 18, line 50-65), but Joao and Gombrich in combination do not teach these educational classes as part of the emporium station. Campbell teaches a system that includes an emporium section wherein clients may view educational videos/classes. (col. 23, lines 61-67) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao and Gombrich in combination with the teaching of Campbell to the reasons provided in the rejection of claim 12.

As per claim 16, Joao teaches an advanced healthcare system for processing a number of clients in a client-driven and timely manner, providing quality healthcare at lower costs comprising:

- a healthcare facility; including at least a client station, a business station, a nurse station, and a practitioner station associated with said healthcare facility (Joao: col. 2, line 63-col. 3, line 6; col. 15, lines 6-53; see 112, 2nd rejection)
- a computer network having at least one central system computer with a computer readable medium accessible at said client station, nurse station, and practitioner station; (Joao: col. 14, line 59-col. 15, lines 6-53; col. 15, line 59-col. 16, line 18)

- a system computer program residing in said computer readable medium including instructions embodied in computer readable code for creating a real-time client record in computer readable code containing business and healthcare information of clients (Joao: col. 29, line 16-col. 30, line 21, lines 39-47)
- client data input into said client record including client responses to questions regarding the client's health state;(Joao: col. 19, lines 59-64;col. 28, lines 28-39)
- said computer program including computer readable instructions for generating diagnostic information regarding possible diagnoses of the client's health state based on said client data; (Joao: col. 25, lines 25-62)
- said nurse station receiving said client from said client station or said practitioner, said nurse station having a computer terminal network with said system computer (col. 12, lines 22-42, lines 58-col. 13, line 7; col. 13, lines 39-51)
- lab data input into said client record once retrieved at said nurse station which includes the client's vital signs and other clinical information; (Joao: col. 12, lines 22-42; line 58-col. 13, line 7; col. 23, lines 48-60 Joao teaches provider stations as a system for collecting client data, vital signs and lab data/blood work and inputting this data into the patient record. The healthcare providers who use the system include nurses, as well as physicians, therapists, and other medical specialists.)
- said practitioner station receiving said client from said client from said client station or said nurse station having a computer terminal networked with said system computer; and a display monitor for displaying said client record to a

medical practitioner and the client during examination for joint collaboration; and (col. 13, lines 52-65; col. 20, lines 40-67; col. 22, lines 54-57; col. 28, lines 10-39)

- exam data input into said client record once retrieved at said practitioner station including clinical and prescription information from said practitioner;(col. 25, lines 25-39, line 63-col. 26, line 9, lines 20-38)
- whereby an integrated healthcare system is provided for processing a number of clients with increased client participation and education facilitating controlled cost and quality healthcare. (Joao: col. 18, lines 50-65; col. 19, lines 4-7; col. 26, lines 10-19)

Joao teaches the system of claim 16 explained above but does not specifically disclose that the client/patient accesses his/her patient record by using his/her ID code while at the nurse stations, lab stations and/or practitioner stations. However, Joao does disclose a system wherein users stations include identification input device for inputting a computer readable ID code identifying the client and a respective client record. (Joao: Figure 5; col. 16, lines 42-46; col. 22, lines 11-63; col. 29, lines 16-55) Gombrich teaches a system wherein the client/patient must grant user access to his/her medical records using his/her ID code (while he/she is present). (Gombrich: col. 5, lines 38-47; col. 8, lines 39-55; col. 12, line 64-col. 14, line 39) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify system of Joao with the teaching of Gombrich to allow patients to control access to his/her medical records requiring the patient's presence when his/her ID code is entered. As suggested by Gombrich, one would have been motivated to

include this feature to provide additional verification that the correct patient record is retrieved and to provide additional security by further limiting system access to authorized users. (Gombrich: col. 2, lines 43-56)

Claim 16 further recites establishing a level of visit services and selection of pre-priced medical packages to be provided by healthcare facility. Joao teaches system that allows the users to establish the level of services required for a patient (col. 30, line 39-col. 32, line 63), and also provides pricing information for users regarding various services and health supplements (col. 31, lines 31-45). However, Joao and Gombrich in combination do not specifically teach the selection of pre-priced medical packages to be provided at a medical facility. Campbell teaches a system comprising a computer program for directing clients in the selection of pre-priced medical packages. (Campbell: col. 21, lines 21-col. 22, line 67; col. 23, line 43-col. 25, line 60) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to further modify the system of Joao and Gombrich in combination to provide information on pre-priced medical services to be provided by a selected healthcare facility. As suggested by Campbell, one would have been motivated to include this feature to minimize healthcare costs by encouraging office visits that help identify and resolve health problems early. (Campbell: col. 1, lines 20-31)

As per claim 17, Joao teaches a system of claim 16 including business information data input into said client record at a business station that includes client insurance and business information in computer readable form. (Joao: col. 21, lines 25-67; col. 22, lines 1-10; col. 25, 45-53)

As per claim 21, Joao teaches the system of claim 16 including alternative therapy option data input into said client record in computer readable form representing recommended alternative therapies including naturopathy, dietetic remedies, and other alternative therapies for input into the client record. (Joao: Figure 1;col. 17, lines 25-61; col. 20, lines 9-19; col. 26, lines 7-col. 27, line 8)

As per 22, Joao teaches a system wherein said lab data includes blood count and blood chemistry data input into said client record in computer readable form from remote computerized machines connected in said computer network with said system computer. (Joao: col. 13, lines 1-5; col. 16, lines 7-32, col. 20, lines 51-67; col. 23, lines 48-60)

As per claim 23, Joao teaches a system of claim 16 as explained in the rejection of claim 16. Joao does not expressly teach purchased health supplement data input into said client record in computer readable form from an emporium station, (Joao: col. 24, lines 44-48; col. 31, lines 31-45; col. 32, lines 20-46), but does disclose that the invention is to be used as a clearinghouse for the offering, selling, buying, and/or trading of healthcare products. (col. 24, lines 44-48; col. 31, lines 10-45; col. 32, lines 11-46). Campbell teaches a system that includes an "emporium station" for accessing the client record (col. 21, line 30-col. 22, line 67, Figure 15 and 17) and inputting purchase data regarding health supplements (i.e. supplements to health plan) into the client record. (col. 24, lines 24-45) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao with the teaching of Campbell to include a system component/station

to allow users to input purchase decisions regarding selected healthcare services products. One would have been motivated to do this to provide additional valuable services to the various parties who seek healthcare-related products, goods, and/or services (Joao: col. 41, lines 34-40) and to provide comprehensive, accurate, and up-to-date patient information to providers, payers, or other intermediaries who access the system. (col. 41, lines 41-55)

As per claim 24, Joao teaches a system wherein said system computer program includes a series of questions that prompt a "yes" or "no" response from the client regarding the client's health state. (Joao: col. 12, lines 44-50 incorporates Joao 5,961,332 by reference: col. 57-82 discloses the use of yes/no questions to determine a patient's health complaint and reasons for seeking medical treatment)

12. Claims 25,27;28,30 and 31 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao.

As per claim 25, Joao teaches an integrated healthcare process for processing a number of clients in a client driven and timely manner while providing quality healthcare at low cost comprising:

- providing a healthcare facility including at least a client station, a nurse station, and a practitioner station; (Joao: col. 2, line 63-col. 3, line 6; col. 15, lines 6-53)
- providing a computer network, including at least one central system computer having a system computer program for soliciting client information from a client and creating a real-time client record accessible by the client as the client

proceeds through the facility from station to station for healthcare; (Joao: col. 13, lines 29-38; col. 15, lines 18-47; col. 19, lines 32-40; col. 23, lines 26-39)

- initially creating a client record for a first time client by inputting client information and a client identification (ID) code into a client record data base at said client station, (Joao: col. 13, lines 29-38; col. 15, lines 18-47; col. 25, lines 10-53; col. 26, lines 7-38, line 44-col. 27, line 45; col. 29, line 16-col. 30, line 21), said client subsequently accessing said client record on a subsequent visit at one of said stations in the healthcare facility by inputting said client ID code into a computer terminal (col. 2, line 55-col. 3, lines 3, line 45) at one of said stations to access said client record so that the client can add information to said client record, only after said client has retrieved said client record using said client ID code. (col. 29, lines 16-45-patient provides information for medical history ;col. 36, lines 31-42—symptom information from the patient updates client medical file)
- displaying a series of questions regarding the client's health state on a display monitor at a client station, and inputting responses to the questions from said client station into said client record; (Joao: col.19, lines 54-64—questionnaires; col. 29, lines 16-55; see also Joao: col. 12, lines 44-50 incorporates Joao 5,961,332 by reference: col. 57-82 discloses the use of yes/no questions to determine a patient's health complaint and reasons for seeking medical treatment)
- accessing said client record at a nurse station by inputting said ID code, and conducting tests and blood work on the client at the nurse station and inputting

information regarding the client's vital signs and other laboratory information into said client record; (Joao: col. 12, line 58-col. 13, lines 7; col. 16, lines 4-18, lines 38-65; col. 19, lines 32-40; col. 23, lines 48-60 Joao teaches providers stations for collecting client data, vital signs and lab data/blood work and inputting this data into the patient record. The healthcare providers who use the system include nurses, as well as physicians, therapists, and other medical specialists.)

- accessing said client record at a practitioner station by inputting the client's ID code and displaying said client record to a medical practitioner; (Joao: col. 24, line 12-20; col. 25, lines 10-62; col. 26, line 9-col. 27, line 7)
- inputting exam data at said practitioner station representing healthcare information and prescriptions, if needed; (col. 19, lines 32-40; col. 23, lines48-60; col. 25, line 25-col. 26, line 38)
- whereby an integrated healthcare process is provided for processing a number of clients with client participation and education facilitating an increased quality of health claim. (col. 18, lines 50-65; col. 30, line 39-col. 31, line 26)

Joao teaches the method substantially as recited in claim 25. It is respectfully submitted that the ability of the providers (e.g. nurses, physicians) to retrieve and/or update the patient's medical records necessitates the entry of patient identification information. Joao does not expressly teach that the client and practitioner access the patient record for joint consultation and collaborative decision making at the practitioner station, but does disclose healthcare providers retrieve patient medical

history and diagnostic information when the patient goes to receive treatment. (col. 26, line 44-col. 27, lines 8) At the time of the applicant's invention, it would have been obvious to one of ordinary skill in the art to have the patient and the practitioner review patient diagnostic and/or treatment data jointly at the practitioner station. One would have been motivated to do this so that both may verify the accuracy of data provided in the patient's record as well as the appropriateness of the diagnostic and treatment information to avoid medical mishaps. (Joao: col. 26, lines 53-64)

As per claim 27, Joao teaches a process including accessing said client record at an alternative therapy station by inputting said client's ID code and inputting alternative therapy choices including naturopathy and dietetic remedies into the client record based upon the client's decisions at the alternative therapy station. (Joao: Figure 1;col. 17, lines 25-61; col. 20, lines 9-19; col. 25, lines 10-col. 27, line 57;col. 29, lines 16-55 (client ID information); col. 30, lines 48-col. 31, lines 10) Joao discloses that the providers included among the networked users/clients of the disclosed system include various (alternative) therapists. (col. 12, lines 22-42; col. 13, lines 1-7, lines 52-65, i.e. an alternative therapy station) The patient and/or provider then access the system to locate services and/or specialists to provide the treatments sought by the patient (i.e. selected by the patient).

As per claim 28, Joao teaches a process including inputting blood analyses data directly from computerized machines into said client records at one of said client, nurse and practitioner station. (Joao: col. 19, lines 32-40; col. 23, lines 48-60)

As per claim 30, Joao teaches a process including displaying a series of diagnostic questions regarding predetermined health and disease states on a display for the client to respond to, and inputting the client's responses to the questions from said client station into the client record. (Joao: col. 29, lines 16-55)

As per claim 31, Joao teaches a process of claim 30 including processing the said client responses on the system computer and generating diagnostic data representing possible diagnoses of the client's health state and displaying said diagnostic data at the practitioner station. (Joao: col. 25, line 10-col. 26, line 19) Joao does not expressly disclose that both the medical practitioner and the client review the diagnostic data at the practitioner station, but does disclose healthcare providers retrieve patient medical history and diagnostic information when the patient goes to receive treatment. (col. 26, line 44-col. 27, lines 8) At the time of the applicant's invention, it would have been obvious to one of ordinary skill in the art to have the patient and the practitioner both review diagnostic and/or treatment data at the practitioner station. One would have been motivated to do this so that both may verify the accuracy of data provided in the patient's record as well as the appropriateness of the diagnostic and treatment information to avoid medical mishaps. (Joao: col. 26, lines 53-64)

13. Claim 26 is rejected under 35 U.S.C. 103(a) as being unpatentable over Joao in view of Mayaud (US Patent No. 5,845,255).

As per claim 26, Joao teaches a method including inputting a client ID from client station, nurse station, and practitioner stations (Figure 3 and 5; col. 12, lines 22-42; col.

16, lines 42-46; col. 20, line 40-col. 21, line 25; col. 22, lines 11-63; col. 29, lines 16-55; col. 30, lines 23-34), but does not specifically disclose utilizing a fingerprint identification of the client. Mayaud teaches the use of fingerprint ID/recognition technology for authenticating a user's identity and access rights to patient data. (Mayaud: col. 17, line 22-col. 18, line 23) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Joao with the teaching of Mayaud to include fingerprint identification among the types of identification input used to authenticate a user's identity. As suggested by Mayaud, one would have been motivated to do this to alleviate user concerns regarding the confidentiality of patient data by preventing unauthorized access. (col. 17, lines 22-27)

14. Claims 29 is rejected under 35 U.S.C. 103(a) as being unpatentable over Joao in view of Campbell et al (US Patent No. 6,208,974—referred to hereinafter as Campbell).

As per claim 29, Joao teaches a process including inputting the client's choices of nutritional supplements into client record selected by the client (Joao: col. 31, lines 31-45, line 66-col. 32-46), but does not expressly teach that the client enters selections based on the client's review of his/ her client record at an emporium station. Campbell teaches a system that includes an "emporium station" having a computer terminal connected in the network for accessing said client record (col. 21, line 30-col. 22, line 67, Figure 15 and 17), making purchase decisions while reviewing the client record, (Figure 15 and 17, col. 23, lines 43- col. 25, lines 60; col. 31, lines 16-3) and for inputting purchase data into said client record. (col. 24, lines 24-45) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art

to modify the system of Joao with the teaching of Campbell to include a system component/station to allow the user to review healthcare services/products and to input purchase decisions regarding selected healthcare services/nutritional supplement information products. One would have been motivated to do this to provide additional valuable services to the various parties who seek healthcare-related products, goods, and/or services (Joao: col. 41, lines 34-40), thereby facilitating the offering, selling, buying, and/or trading of healthcare products. (Joao: col. 24, lines 44-48)

Response to Arguments

15. Applicant's arguments filed 6/24/03 have been fully considered but they are not persuasive. The Applicant's arguments will be addressed in the order in which they appear in the response.

(A) On page 13-14, the Applicant apparently argues that the Examiner's interpretation of the identification input device is as a device that "merely accepts identification from a user" is improper and without basis.

In response, the function(s) performed by the recited "identification input device" of claim 1 and claim 18 are unclear. While the claim language recites that the device is used to generate an ID code, the plain meaning of the phrase "identification input device" does indicate that the recited device merely accepts identification information from a user (e.g. password, fingerprints, account number). The Applicant's current claim language fails to explain how the "generating of a computer readable ID code" is performed so as to distinguish it from other input devices that accepts identification

information. For example, it is noted claim 4, which is dependent from claim 1, recites that the "identification input device" includes a "finger sensor for sensing the finger print of the client as said ID code." In this case, the input device is not "generating" the fingerprint that is used as an ID code, as argued by the Applicant. It is respectfully submitted that these limitations further support the Examiner's interpretation of the device as a device that accepts user input of identification information.

A similar analysis may be applied to claim 18 (and claim 19).

(B) On pages 14-16, the Applicant argues that Joao does not disclose the newly recited limitations of claim 1.

In response to the Applicant's arguments that the Joao reference does not disclose that the healthcare facility is of a singular and self-contained nature, the Joao reference specifically discloses that the apparatus described in the specification may operate in a hospital and/or clinic (col. 2, line 63-col. 3, line 6). The reference further teaches that the stations, patient/client station, business/insurance station, and nurse/practitioner stations, are all operatively connected to one another via computer network (Figure 1; col. 13, lines 52-col. 16, line 37). Therefore, it is respectfully submitted that the limitations regarding the physical proximity of the stations (as part of a self-contained healthcare facility) do not provide a patentable distinction over the prior art of record.

Additional arguments regarding the new limitations of claim 1 are addressed by the new rejection of claim 1.

(D) The arguments regarding claim 16 on pages 16-17 are substantially similar to those regarding claim 1. As such, these arguments are addressed by the Examiner's response to the claim 1 arguments and by the new rejection of claim 16.

(E) On pages 17-18, the Applicant argues that the Joao reference, as a whole, fails to teach a client-driven system and process though a plurality of workstations. The applicant further argues that the reference is non-analogous since it is intended to solve a different set of problems.

In response to applicant's argument that Joao is nonanalogous art, it has been held that a prior art reference must *either be in the field of applicant's endeavor* or, if not, then be reasonably pertinent to the particular problem with which the applicant was concerned, in order to be relied upon as a basis for rejection of the claimed invention. See *In re Oetiker*, 977 F.2d 1443, 24 USPQ2d 1443 (Fed. Cir. 1992).

In this case, the prior art is in fact in the same field of endeavor as the Applicant's invention. The present invention as claimed and the Joao reference are both directed toward integrated healthcare systems that include nurse, practitioner, business, and client/patient stations, and both rely on patient questionnaires/patient information to determine appropriate treatments and procedures for the patient. (Joao: col. 29, lines 24-40) Moreover, the objects of the Joao system includes facilitating "quality, efficient information collection, processing and dissemination; efficient diagnosis and treatment, cost efficiency, cost containment, as well as many other benefits and advantages." (Joao: col. 2 , lines 46-50). Thus, the Joao system is directed toward solving at least some of the same problems (i.e. cost containment and

ease of information dissemination) of the Applicant's invention, as described on page 3, lines 11-18 of the Applicant's specification. The fact that applicant has recognized another advantage which would flow naturally from following the suggestion of the prior art cannot be the basis for patentability when the differences would otherwise be obvious. See *Ex parte Obiaya*, 227 USPQ 58, 60 (Bd. Pat. App. & Inter. 1985).

Furthermore, the recitation "client-driven" has not been given patentable weight because the recitation occurs in the preamble. A preamble is generally not accorded any patentable weight where it merely recites the purpose of a process or the intended use of a structure, and where the body of the claim does not depend on the preamble for completeness but, instead, the process steps or structural limitations are able to stand alone. See *In re Hirao*, 535 F.2d 67, 190 USPQ 15 (CCPA 1976) and *Kropa v. Robie*, 187 F.2d 150, 152, 88 USPQ 478, 481 (CCPA 1951).

(F) On pages 18-19, the Applicant argues that Joao does not teach certain newly recited features of claim 25.

In response, to the Applicant's arguments that the Joao reference does not disclose that the healthcare facility includes the recited stations, the Joao reference specifically discloses that the apparatus described in the specification may operate in a hospital and/or clinic (col. 2, line 63-col. 3, line 6). The reference further teaches that the stations, patient/client station, business/insurance station, and nurse/practitioner, stations are all operatively connected to one another via computer network (Figure 1; col. 13, lines 52-col. 16, line 37). Therefore, it is respectfully submitted that the

limitations regarding the physical proximity of the stations (as part of a self-contained healthcare facility) do not provide a patentable distinction over the prior art of record.

Additional arguments regarding the new limitations of claim 25 are addressed by the new rejection of claim 25.

Conclusion

16. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

- Lavin et al (USPN 5,772,585) discloses a system and method for updating and managing all aspects of patient medical information.
- SOLL et al (USPAN 2003/0055679) teach a multiple workstation medical treatment system which receives input from the patient and the physician about the patient's medical problems.

17. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of

the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Rachel L. Porter whose telephone number is 703-305-0108. The examiner can normally be reached on M-F, 9:30-6:00.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (703) 305-9588. The fax phone numbers for the organization where this application or proceeding is assigned are (703) 872-9306 for regular communications and (703) 872-9306 for After Final communications.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is (703) 308-1113.

RP
RP
September 22, 2003

JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER
TECHNOLOGY CENTER 3600